



STATE OF WASHINGTON

WASHINGTON STATE SCHOOL FOR THE BLIND

2214 E. 13th St. · Vancouver, Washington 98661-4120 · (360) 696-6321 · FAX # (360) 737-2120

Liability Release and Permission Form
(To be filled out by parent/guardian)

Date: _____

I, _____, give my permission for my child,
_____, to stay at the home of
_____ on the following dates:
_____.

I hereby release the Washington State School for the Blind of responsibility for the supervision of my child from the above designated time until the time of return to WSSB.

Signature: _____

Address: _____

Phone: _____

Alternate Phone: _____